



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan

NAIC Group Code	0000	0000	NAIC Company Code	95467	Employer's ID Number	38-3204052
(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated	01/11/1994		Commenced Business	10/11/1994		
Statutory Home Office	17117 W. Nine Mile Rd,			Southfield, MI 48075		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	17117 W. Nine Mile Rd, Suite 1600					
	Southfield, MI 48075			248-559-5656		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	17117 W. Nine Mile Rd			Southfield, MI 48075		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	17117 W. Nine Mile Rd, Suite 1600					
	Southfield, MI 48075			248-331-4294		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.glhp.com					
Statutory Statement Contact	Jamie S Love			248-331-4294		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	jlove@glhp.com			248-331-4517		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	17117 W Nine Mile Rd; Ste 1600					
	Southfield, MI 48075			248-559-5656		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

President	Mark Schlussel	Secretary	Eric Wexler
Treasurer	Chris Scherer		

VICE PRESIDENTS

Tim Holt	Janice Prewitt	Dawn Koehler
Eric Wexler	Chris Scherer	

DIRECTORS OR TRUSTEES

Mark Schlussel	Chris Scherer	Joanne Jones
Adika Nyatiu		

State of Michigan } ss
County of Oakland }

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Mark Schlussel President	Eric Wexler Secretary	Chris Scherer Treasurer
Subscribed and sworn to before me this 27 day of February, 2004		
Luann Meitz December 16, 2007		
a. Is this an original filing? Yes [X] No []		
b. If no, 1. State the amendment number		
2. Date filed 02/27/2004		
3. Number of pages attached		

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 4 - HEALTH CARE RECEIVABLES

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	15,583,641	10.4		0.0		15,583,641
2. Intermediaries	0	0.0		0.0		0
3. All other providers	19,376,838	12.9		0.0		19,376,838
4. Total capitation payments	34,960,478	23.3	0	0.0	0	34,960,478
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	114,794,385	76.7	XXX	XXX		114,794,385
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	114,794,385	76.7	XXX	XXX	0	114,794,385
13. TOTAL (Line 4 plus Line 12)	149,754,864	100 %	XXX	XXX	0	149,754,864

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,498,629		(836,211)		99,363	563,055
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,498,629	0	(836,211)	0	99,363	563,055



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2003						NAIC Company Code		95467	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:															
1. Prior Year		92,553								92,553					
2. First Quarter		96,691								96,691					
3. Second Quarter		96,659								96,659					
4. Third Quarter		96,546								96,546					
5. Current Year		96,299								96,299					
6. Current Year Member Months		1,153,051								1,153,051					
Total Member Ambulatory Encounters for Year:															
7. Physician		0													
8. Non-Physician		0													
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		40,985								40,985					
11. Number of Inpatient Admissions		9,956								9,956					
12. Health Premiums Collected		0													
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned		179,726,670								179,726,670					
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		149,754,864								149,754,864					
18. Amount Incurred for Provision of Health Care Services		150,596,593								150,596,593					

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2003							NAIC Company Code		95467	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13		
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
Total Members at end of:																
1. Prior Year		92,553	0	0	0	0	0	0	0	92,553	0	0	0	0		
2. First Quarter		96,691	0	0	0	0	0	0	0	96,691	0	0	0	0		
3. Second Quarter		96,659	0	0	0	0	0	0	0	96,659	0	0	0	0		
4. Third Quarter		96,546	0	0	0	0	0	0	0	96,546	0	0	0	0		
5. Current Year		96,299	0	0	0	0	0	0	0	96,299	0	0	0	0		
6. Current Year Member Months		1,153,051	0	0	0	0	0	0	0	1,153,051	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician		0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total		0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		40,985	0	0	0	0	0	0	0	40,985	0	0	0	0		
11. Number of Inpatient Admissions		9,956	0	0	0	0	0	0	0	9,956	0	0	0	0		
12. Health Premiums Collected		0	0	0	0	0	0	0	0	0	0	0	0	0		
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned		179,726,670	0	0	0	0	0	0	0	179,726,670	0	0	0	0		
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services		149,754,864	0	0	0	0	0	0	0	149,754,864	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services		150,596,593	0	0	0	0	0	0	0	150,596,593	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	541,841
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	0
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	30,702
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8. Book/adjusted carrying value at end of current period	572,544
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	572,544
11. Total nonadmitted amounts	85,882
12. Statement value, current period (Page 2, real estate lines, current period)	486,662

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period	0

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period	0

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 10	.0.0	.0	.0.0		
1.2 Class 20	.0.0	.0	.0.0		
1.3 Class 30	.0.0	.0	.0.0		
1.4 Class 40	.0.0	.0	.0.0		
1.5 Class 50	.0.0	.0	.0.0		
1.6 Class 6						0	.0.0	0	.0.0		
1.7 Totals	0	0	0	0	0	0	.0.0	0	.0.0	0	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 10	.0.0	.0	.0.0		
2.2 Class 20	.0.0	.0	.0.0		
2.3 Class 30	.0.0	.0	.0.0		
2.4 Class 40	.0.0	.0	.0.0		
2.5 Class 50	.0.0	.0	.0.0		
2.6 Class 6						0	.0.0	0	.0.0		
2.7 Totals	0	0	0	0	0	0	.0.0	0	.0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 10	.0.0	.0	.0.0		
3.2 Class 20	.0.0	.0	.0.0		
3.3 Class 30	.0.0	.0	.0.0		
3.4 Class 40	.0.0	.0	.0.0		
3.5 Class 50	.0.0	.0	.0.0		
3.6 Class 6						0	.0.0	0	.0.0		
3.7 Totals	0	0	0	0	0	0	.0.0	0	.0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 10	.0.0	.0	.0.0		
4.2 Class 20	.0.0	.0	.0.0		
4.3 Class 30	.0.0	.0	.0.0		
4.4 Class 40	.0.0	.0	.0.0		
4.5 Class 50	.0.0	.0	.0.0		
4.6 Class 6						0	.0.0	0	.0.0		
4.7 Totals	0	0	0	0	0	0	.0.0	0	.0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 10	.0.0	.0	.0.0		
5.2 Class 20	.0.0	.0	.0.0		
5.3 Class 30	.0.0	.0	.0.0		
5.4 Class 40	.0.0	.0	.0.0		
5.5 Class 50	.0.0	.0	.0.0		
5.6 Class 6						0	.0.0	0	.0.0		
5.7 Totals	0	0	0	0	0	0	.0.0	0	.0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 10	.0.0	.0	.0.0		
6.2 Class 20	.0.0	.0	.0.0		
6.3 Class 30	.0.0	.0	.0.0		
6.4 Class 40	.0.0	.0	.0.0		
6.5 Class 50	.0.0	.0	.0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	
7.2 Class 20	.0.0	.0	.0.0		
7.3 Class 30	.0.0	.0	.0.0		
7.4 Class 40	.0.0	.0	.0.0		
7.5 Class 50	.0.0	.0	.0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 10	.0.0	.0	.0.0		
8.2 Class 20	.0.0	.0	.0.0		
8.3 Class 30	.0.0	.0	.0.0		
8.4 Class 40	.0.0	.0	.0.0		
8.5 Class 50	.0.0	.0	.0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 10	.0.0	.0	.0.0		
9.2 Class 20	.0.0	.0	.0.0		
9.3 Class 30	.0.0	.0	.0.0		
9.4 Class 40	.0.0	.0	.0.0		
9.5 Class 50	.0.0	.0	.0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	1,000,000	.0	.0	.0	.0	1,000,000	100.0	XXX	XXX	1,000,000	.0
10.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.6 Class 6	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.7 Totals	1,000,000	.0	.0	.0	.0	(b) 1,000,000	100.0	XXX	XXX	1,000,000	.0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	1,000,000	.0	.0	.0	.0	XXX	XXX	1,000,000	100.0	1,000,000	.0
11.2 Class 2	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.7 Totals	1,000,000	.0	.0	.0	.0	XXX	XXX	(b) 1,000,000	100.0	1,000,000	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.2 Class 2						.0	0.0	.0	0.0	.0	XXX
12.3 Class 3						.0	0.0	.0	0.0	.0	XXX
12.4 Class 4						.0	0.0	.0	0.0	.0	XXX
12.5 Class 5						.0	0.0	.0	0.0	.0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	1,000,000	.0	.0	.0	.0	1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1						.0	0.0	.0	0.0	XXX	.0
13.2 Class 2						.0	0.0	.0	0.0	XXX	.0
13.3 Class 3						.0	0.0	.0	0.0	XXX	.0
13.4 Class 4						.0	0.0	.0	0.0	XXX	.0
13.5 Class 5						.0	0.0	.0	0.0	XXX	.0
13.6 Class 6						0	0.0	0	0.0	XXX	0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ current year, \$ prior year of bonds with Z designations and \$, current year, \$ prior year of bonds with Z* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z*” means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$, current year, \$ prior year of bonds with 6* designations. “5*” means the NAIC designation was assigned by the SVO in reliance on the insurer’s certification that the issuer is current in all principal and interest payments. “6*” means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations0	.0.0	.0	.0.0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations0	.0.0	.0	.0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined0	.0.0	.0	.0.0		
2.4 Other0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined0	.0.0	.0	.0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations0	.0.0	.0	.0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined0	.0.0	.0	.0.0		
3.4 Other0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined0	.0.0	.0	.0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations0	.0.0	.0	.0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined0	.0.0	.0	.0.0		
4.4 Other0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined0	.0.0	.0	.0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations0	.0.0	.0	.0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined0	.0.0	.0	.0.0		
5.4 Other0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined0	.0.0	.0	.0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	1,000,000	0	0	0	0	1,000,000	100.0	XXX	XXX	1,000,000	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	XXX	XXX	1,000,000	0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	1,000,000	0	0	0	0	XXX	XXX	1,000,000	100.0	1,000,000	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	1,000,000	0	0	0	0	XXX	XXX	1,000,000	100.0	1,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Part 2
NONE

Schedule DB - Part A - VBY
NONE

Schedule DB - Part B - VBY
NONE

Schedule DB - Part C - VBY
NONE

Schedule DB - Part D - VBY
NONE

Schedule DB - Part E - VBY
NONE

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule S - Part 1 - Section 2
NONE

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,246	996	757	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	1,859	693
8. Reinsurance recoverable on paid losses.....	85	227	57	440	346
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	21,471,070		21,471,070
2. Accident and health premiums due and unpaid (Line 12).....	74,696		74,696
3. Amounts recoverable from reinsurers (Line 13.1).....	84,834		84,834
4. Net credit for ceded reinsurance.....	XXX	84,834	84,834
5. All other admitted assets (Balance).....	8,847,674		8,847,674
6. Total assets (Line 26)	30,478,273	84,834	30,563,107
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	20,331,785	0	20,331,785
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	4,733,011		4,733,011
12. Total liabilities (Line 22).....	25,064,796	0	25,064,796
13. Total capital and surplus (Line 30).....	5,413,478	XXX	5,413,478
14. Total liabilities, capital and surplus (Line 31)	30,478,274	0	30,478,274
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	84,834		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	84,834		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	84,834		

57

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

Yes [☐] No [☒]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

Yes [☒] No [☐]
3.

Will an actuarial certification be filed by March 1?.....

Yes [☒] No [☐]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

Yes [☒] No [☐]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

Yes [☒] No [☐]
6.

Will the SVO Compliance Certification be filed by March 1?

Yes [☒] No [☐]
7.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

Yes [☐] No [☒]
8.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

Yes [☐] No [☒]

APRIL FILING

9.

Will Management's Discussion and Analysis be filed by April 1?.....

Yes [☒] No [☐]
10.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

Yes [☐] No [☒]
11.

Will the Investment Risks Interrogatories be filed by April 1?

Yes [☒] No [☐]

JUNE FILING

12.

Will an audited financial report be filed by June 1 with the state of domicile?


Yes [☒] No [☐]


EXPLANATIONS:


1.
7.
8.
10.


BAR CODE:

1.


9 5 4 6 7 2 0 0 3 3 6 0 5 8 0 0 0
7.


9 5 4 6 7 2 0 0 3 2 0 5 0 0 0 0 0
8.


9 5 4 6 7 2 0 0 3 2 0 7 0 0 0 0 0
10.


9 5 4 6 7 2 0 0 3 3 3 0 5 8 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M016 Additional Aggregate Lines for Page 16 Line 4.
*EXNONADMIT

0404. Prepaid Assets.....	801,574	216,349	(585,225)
0405. Intangible Amortization.....	(7,846,194)	(6,746,754)	1,099,440
0406.		0	0
0407.		0	0
0408.		0	0
0497. Summary of remaining write-ins for Line 4 from Page 16	(7,044,621)	(6,530,405)	514,215